•		PART B	- FEE(S)	TRANS	SMITTAL		
Complete and send t	AUG 2 5 2005	th applicable f	ee(s), to: <u>N</u> or l	P A	Tail Stop ISSUE Commissioner fo .O. Box 1450 .lexandria, Virg 103) 746-4000	FEE r Patents inia 22313-1450	
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APPLICATION NO.	FILING DATE	T	EIDOT MANGE			A TOTAL DATE OF THE STATE OF TH	CONFIRMATION NO.
10/053,713	01/24/2002	<u> </u>	FIRST NAMEI Tilo C		TOR ATTORNEY DOCKET NO. 401-1012		4247
	METHOD AND MEDICAL S	SYSTEM FOR TH			URVEILLANCE OF	4001-161-	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBL	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$1400 \$300		\$300	\$1700	09/06/2005
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ASTORINO,	MICHAEL C	3736		60	00-300000		
1. Change of correspondenc CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND	(1) the nan or agents (2) the nar registered 2 registere listed, no r	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. IE PATENT (print or type) 08/26/2005 SDENBUR2 0000014 10053713					
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Authorized Signature	Benoît Cas	lel			Date <u>Au</u>	igust 25, 2005	·
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ANDERSON 9/2/05	4001-1055	10/202,871	1400.00
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